

United States Department of Labor



**OFFICE OF WORKERS' COMPENSATION PROGRAM
DIVISION OF ENERGY EMPLOYEES OCCUPATIONAL ILLNESS
COMPENSATION PROGRAM**

**MEDICAL BENEFITS OVERVIEW FOR
PROVIDERS**

Program Overview



- ▶ The Energy Employees Occupational Illness Compensation Program provides lump-sum compensation and medical benefits to eligible employees who became ill as a result of working in the nuclear weapons industry. This includes uranium workers who worked at facilities covered by section 5 of the Radiation Exposure Compensation Act.
- ▶ Coverage for medical treatment costs linked to accepted work-related illness(es) include: medical services, supplies, or reimbursement of expenses related to medical care.

Medical Benefits Identification Card (MBIC)



► Determining Eligibility

- Each claimant receives a Medical Benefits Identification Card, which lists the claimant's Card ID Number, Pharmacy BIN, and DEEOIC Group ID Number.
- To verify eligibility and coverage, go to <http://owcp.dol.acs-inc.com>
 - Once logged into provider account with Bill Processing Agent, you can input the claimant's CARD ID Number and the procedure code, and this will tell you if a procedure is a part of the treatment suite for the claimant's accepted conditions, and whether or not it requires prior authorization.
 - All requests for prior authorization require, a Letter of Medical Necessity, which indicates the procedure that is being recommended, a clear medical rationale as to how this procedure is medically necessary for the care, treatment, or relief of the claimant's accepted condition, the duration of treatment and its frequency, and any supporting medical documentation.

Medical Benefits for Accepted Conditions



- ▶ Routine Medical Care
 - Office visits
 - Diagnostic services (lab and radiology services)
 - Prescription medications
- ▶ Other Services
 - Inpatient care
 - Outpatient care (chemotherapy, radiation treatment, etc.)
 - Experimental Treatment and Clinical Research

Prior Authorization (DME)



- ▶ Requests for Durable Medical Equipment (DME)
 - All requests for DME must be reviewed for medical necessity and require pre-authorization.
- ▶ DME Requirements
 - Signed prescription from the treating physician that clearly identifies the medical need for the DME as it relates to the accepted work related illness(es), which includes:
 - clearly identify the type of equipment that is being requested;
 - demonstrate why the equipment is medically necessary for the accepted condition; and
 - clearly state the duration of use for the DME.
 - Submit any supporting documentation (i.e. medical reports, prescriptions, therapy reports, diagnostic reports, etc.).

Prior Authorization (DME) Continued



- ▶ Finally, to fully process the request for authorization, the requestor is to provide the following:
 - Claimant information
 - Provider or vendor information
 - Treating physician contact information
 - DME rental and purchase price for each item (with the exception of Oxygen equipment)
 - Diagnosis code for the accepted condition for which the DME is being prescribed.
- ▶ Upon receipt the DEEOIC will issue an authorization for rental or purchase of DME as appropriate.

In-Home Health Care



- ▶ The DEEOIC may grant six-month authorizations for in-home health care
 - Require pre-authorization by Department of Labor
- ▶ Submit a letter of medical necessity and Plan of Care from the treating physician
 - Level of care required (i.e., Registered Nurse, License Practical Nurse, Home Health Aide/Personal Care Attendant or other)
 - Frequency of care required (i.e., number of hours per day, per week, or per month for each type or level of care)
 - Time period for which the claimant will require in-home care
 - Submit any supporting documentation (i.e. medical reports, therapy reports, diagnostic reports, etc.).

In-Home Health Care Continued



► Emergent Requests

- Emergency requests are handled separately and are initiated by calling the Bill Processing Agent and speaking to the Triage Nurse
- The documentation will be submitted to the Triage Nurse, who will review to determine if the request is emergent in nature
- The Triage Nurse will then notify the District Office that there is an Emergent Request that needs to be processed.

In-Home Health Care Continued



- ▶ The DEEOIC may obtain new medical evidence that requires adjustment to a previously granted six-month home health care authorization.
- ▶ Medical evidence may originate from:
 - The employee's treating physician
 - A second opinion
 - Referee medical examiner, or
 - Other qualified physician associated with the case record.

Prior Authorization Requests



- ▶ The claimant, the authorized representative, the treating physician, or Provider may submit requests for the approval of DME, In-Home Health Care, or any other Medical Services to the DEEOIC bill processing agent via:
 - fax,
 - mail, or
 - electronically.

Prior Authorization Requests and Bills



- All prior authorization forms can be found on the Web Bill Processing Portal. Each form lists the appropriate fax number to send the documents
- You may also mail or submit them electronically:
 - Web Bill Processing Portal:
 - <http://owcp.dol.acs-inc.com/portal/main.do>
 - Mailing Address:
 - Affiliated Computer Services (ACS)
DEEOIC
P.O. Box 8304
London, KY 40742-8304
 - Any billing questions or concerns, please contact ACS
 - (866) 272-2682

DEEOIC



- ▶ DEEOIC web site
 - <http://www.dol.gov/owcp/energy/>
 - General program information
 - Forms

- ▶ District Offices - 4 locations
 - ▶ Cleveland District Office (888) 859-7211
 - ▶ Denver District Office (888) 805-3389
 - ▶ Jacksonville District Office (877) 336-4272
 - ▶ Seattle District Office (888) 805-3401

Questions?

